

2014-2015 Pharmacy Residency Application PGY1 Program

PGY1 Applicant Name:	Last	MI
E-mail Address 1:(PLEASE PRINT CLEARLY)	E-mail Address 2:	:
Current Mobile Number:		
Below, rank the dates you will be ava		
application packet has been reviewed	d.	
Friday, January 31, 2014	Tuesday, February 4, 2014	Thursday, February 6, 2014
Monday, February 10, 2014	Wednesday, February 12, 202	14
and reasons you are seeking a residenceProof of U.S. Citizenship (i.e. copy of	able from our website) edited pharmacy program esidency Program Director describin	, .
By signing below, the applicant acknowledge	owledges that:	
I understand candidates will be inform I will be available for an on-site intervi- I will be available to begin the program I will be eligible for pharmacy licensur I certify that all information in the app I will contact CAVHS immediately if the	iew. m on June 16, 2014. re in one of the 50 United States (dea plication material is complete and ac	adline October 1, 2014). curate to the best of my knowledge.
Applicant Signature:	Date:	

For further information, see our website at http://www.littlerock.va.gov/services/pharmacy/residency.asp. If you have any questions regarding the residency program, e-mail Kelly Thomas at Kelly.thomas@va.gov.